

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

				File with	h: City or Town Cler	k or Elec	tion Commission
Fill in Reporting Period dates: Beginning Date:	3/16/2	2011	Ending	Date:	4/22/2011		
Type of Report: (Check one)			~~~~				
☐ 8th day preceding preliminary ☐ 8th day preceding election	on F	☑ 30 day	after election	П,	venr and renort	□ a:	reclution
our day preceding premininary of our day preceding electic	011 [	∆j 30 day	arter election	L.J .	year-end report		ssolution
Mary-Ann O'Brien Nichols		Commi	ttee to Elect M	ary-Ann	O'Brien Nichols		
Candidate Full Name (if applicable)		<u> </u>			mittee Name		
Town Clerk		James I	E. Carter				
Office Sought and District		Janua .	m	lame of C	ommittee Treasurer		
100 Florence Avenue, Tewksbury, MA 01876		100 Flo	rence Avenue.	Tewksh	ury, MA 01876		
Residential Address					e Mailing Address		
Telephone Number (optional):		Telephone	Number (optiona				
SUMMARY BALA	ANCI	INFO	RMATION	:			
Line 1: Ending Balance from previous report					4,413.2	21	
						_	=======================================
Line 2: Total receipts this period (page 3, line	e 11)				92	:5	11 APR 29
Line 3: Subtotal (line 1 plus line 2)					5,338.2	<u>:</u> 1	29
Line 4: Total expenditures this period (page 5	5, line	14)			4,887.5	2	BURY HA
Line 5: Ending Balance (line 3 minus line 4)					450.€	9	FARS
Line 6: Total in-kind contributions this period	d (pag	e 6)					•
Line 7: Total (all) outstanding liabilities (page	e 7)						
Line 8: Name of bank(s) used: Tewksbury Fed	eral Cr	edit Unio	າ				
Affidavit of Committee Treasurer:							· · · · · · · · · · · · · · · · · · · ·
I certify that I have examined this report including attached schedules and it is, to th activity, including all contributions, loans, receipts, expenditures, disbursements, in-	e best of	f my knowle atributions a	dge and belief, a t	rue and co	mplete statement of a	Il campa	ign finance
finance activity of all persons acting under the authority or on behalf of this committee	tee in ac	cordance w	th the requiremen	ts of M.G.	L. c. 55.	<del></del>	
Signed under the penalties of perjury:			(Treasure	r's signatu	re) Date:	4/2	9 11
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	k 1 box	only)					
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee	to the be	est of my kn	owledge and belie	f, a true ar	nd complete statemen	t of all ca	ampaign finance
incurred any liabilities nor made any expenditures on my behalf during this rep				,1			
Candidate without Committee OR Candidate with independent activity fill  I certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on bold	to the b	est of my kn n-kind contr	owledge and belie ibutions and liabil	ities for th	is reporting period an	d represe	ampaign ents the
Signed under the penalties of perjury: Mayumb, A	lich	ols	(Candidat	e's signatu	re) Date:	4/29	7/11
<i>'</i>			10000011212		* *************************************	-	

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Mar 28, 2011	Robert E. Cutler Jr.	100	
Mar 28, 2011	Maureen F. DIPalma	100	
Mar 28, 2011	Joan M. Dunlevy	100	
Mar 31, 2011	Marc Ginsburg 77 New York Road, Tewksbury, MA 01876	250	Self Employed Contractor
Mar 28, 2011	Ralph M. McHatton	100	
Mar 28, 2011	Sheehan Construction	100	TOWN TEWKS
		The state of the s	REGISTION AT ID
			ARS 07
Line 9: Total Rece	ipts over \$50 (or listed above)	750	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	175	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	925	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		Forton and a late of the control of
			☐ Enter on page 1, line 2  Id include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	nittee name and a page number or	r each page.)	
To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Amerimail	PO Box 586, Reading, MA 01864	Postage	457.93
Amerimall	PO Box 586, Reading, MA 01864	Postage	463.5
Amerimail	PO Box 586, Reading, MA 01864	Postage	895.51
French's Catering	825 Main Street, Tewksbury, MA 01876	Campaign Reception	85
Patrick Holland	79 Colonial Drive, Tewksbury, MA 01876	Advertising	753
Town Crier	One Arrow Drive, Woburn, MA 01864	Advertising	1,634.2
Vogel Printing	PO Box 127, Lawrence, MA 01842	Yard Signs	591.28
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			180ARI
			OWN CLE
		<del>0:07</del>	RK STRARS
		Telephone de la constante de l	
	Line 12: Total Expenditures over	er \$50 (or listed above)	4,880.42
Line 13: Total Expenditures \$50 and under* (not listed above)			7.1
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			
	To Whom Paid (alphabetical listing)  Amerimall  Amerimall  French's Catering  Patrick Holland  Town Crier  Vogel Printing	To Whom Paid (alphabetical listing)  Amerimall  Amerimall  PO Box 586, Reading, MA 01864  Po	To Whom Paid (alphabetical listing)  Amerimall  PO Box 586, Reading, MA 01864  Postage  Amerimall  PO Box 586, Reading, MA 01864  Postage  Amerimall  PO Box 586, Reading, MA 01864  Postage  Postage  French's Catering  B25 Main Street, Tewksbury, MA 01864  Patrick Holland  P37 Colonial Drive, Tewksbury, MA 01876  Town Crier  One Arrow Drive, Woburn, MA 01864  Postage  Advertising  Postage  Campaign Reception  Advertising  Vogel Printing  PO Box 127, Lawrence, MA 01864  Postage  French's Catering  Advertising  Line 12: Total Expenditures over \$50 (or listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

## **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid	ULE D: EXPENDITURES (C	1	<b>!</b>
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			The state of the s	
		Line 12: Europelitum 650	(on listed share)	
		Line 12: Expenditures over \$50	(or fisted above)	
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
		Line 14: TOTAL EXPENDIT		
If you have item	ized expenditures of \$50 and under	, include them in line 12. Line 13 sh	ould include only those evpenditure	a mat itamicad

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			1-	
				SOAR!
				JWN CL OF REC
				TOTAL MAA
				33
			P (Control)	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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			_ [	F REC
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Enter on page 1, line 7 →			